

**DIVISION OF ALCOHOL AND DRUG ABUSE**  
**Access to Recovery II**  
**IMPLEMENTATION FACT SHEET #2**  
**Issue Date: 3/17/08**

ISSUE	IMPACT ON ADA CLINICAL TREATMENT PROVIDERS
IMPLEMENTATION SCHEDULE	<p><b><u>Primary Recovery Plus/Enhanced Primary Recovery Plus</u></b></p> <ul style="list-style-type: none"> <li>ATR II <b>clinical and recovery support services</b> will be implemented in all PR+ programs on <b>December 17, 2007</b>.</li> </ul> <p><b><u>Recovery Support Access Sites (formerly known as pilot sites)</u></b></p> <ul style="list-style-type: none"> <li>Implementation begins <b>December 17, 2007</b>.</li> </ul> <p><b><u>Women and Children CSTAR</u></b></p> <ul style="list-style-type: none"> <li>The <b>estimated date</b> for <b>recovery support services</b> to be available to consumers of Women and Children CSTAR agencies is <b>July 1, 2008</b>.</li> <li>Training on creation of recovery support vouchers and administration of GPRA II will be provided prior to implementation.</li> </ul> <p><b><u>Department of Corrections, Transitional Housing Units</u></b></p> <ul style="list-style-type: none"> <li>A new recovery support unit of service called "Re-Entry Coordination" will be available in a limited number of DOC transitional housing units (to be determined) effective <b>August 1, 2008</b>.</li> <li>Training on creation of the Re-Entry Coordination voucher and Intake GPRA II will be provided for DOC staff prior to implementation.</li> </ul>
CONVERSION FROM ATR I TO ATR II	<ul style="list-style-type: none"> <li>All PR+ consumers who were enrolled prior to December 17, 2007, <b><u>must be discharged and re-enrolled no later than May 17, 2008</u></b> as follows: <ol style="list-style-type: none"> <li>End program</li> <li>Discharge Episode of Care</li> <li>Complete GPRA II Intake</li> <li>If the assessment is <b>less than six (6) months old</b>: <ol style="list-style-type: none"> <li>copy the ASI;</li> <li>mark all other assessments as complete;</li> <li>write case note that consumer is transferring to ATR II;</li> <li>print assessments with data and place in chart;</li> <li><b>bill H0001-52;</b></li> </ol> </li> <li>proceed with enrolling in appropriate level of care and creating treatment and recovery support vouchers</li> <li>If the assessment is <b>more than six (6) months old</b>: <ol style="list-style-type: none"> <li>conduct a complete assessment;</li> </ol> </li> </ol> </li> </ul>

<p><b>CONVERSION, cont.</b></p>	<p>b) add new data and face-to-face interview;  c) <b>bill full assessment H0001;</b>  d) proceed with enrolling in appropriate level of care and creating treatment and recovery support vouchers.</p>
<p><b>VOUCHER COORDINATION</b></p>	<p>The unit of service for PR+ providers called “Voucher Coordination” was funded with one-time ATR I carryover dollars. <b>This unit of service was eliminated on 11-1-07 and will NOT be available during ATR II.</b></p> <p>Due to the ATR II budget reduction, there will be <b>no reimbursement</b> to providers for creation of treatment or recovery support vouchers.</p> <p>Case Management <u>should not</u> be billed for creation of treatment or recovery support vouchers. Case management may be billed in accordance with Standards and contract language as follows:</p> <ul style="list-style-type: none"> <li>• Case management is defined as services provided which link the client and/or family member(s) to the services and supports needed in order to achieve and sustain recovery.</li> <li>• Arranging or referring for services and resources that meet unique client and family needs.</li> <li>• Communicating with referral sources and coordinating services with providers of medical and mental health care, the criminal justice system, and social services.</li> </ul>
<p><b>GPRA</b>  <i>(referenced as <b><u>GPRA II</u></b> for the ATR II grant)</i></p>	<p><b><u>GPRA Tool and Protocol</u></b></p> <p>A new GPRA tool and administration protocol have been established for ATR II clients as follows:</p> <ul style="list-style-type: none"> <li>• Intake</li> <li>• Discharge</li> <li>• Follow-up (six-month post admission)</li> </ul> <p>The target follow-up rate is 100%; SAMHSA expects <b><u>at least an 80% compliance rate for the six-month follow-up GPRA.</u></b></p> <p><b><u>Applicable Consumers</u></b></p> <ul style="list-style-type: none"> <li>• <b>Effective December 17, 2007</b>, GPRA II is required for the following consumers: <ol style="list-style-type: none"> <li>1) <b>Newly enrolled</b> in Enhanced PR+ and PR+</li> <li>2) Existing PR+ consumers who are <b>transferred to ATR II</b> as specified above</li> <li>3) Enrolled at Recovery Support Access Sites</li> </ol> </li> <li>• GPRA II <b><u>WILL NOT</u></b> be required for consumers enrolled in: <ol style="list-style-type: none"> <li>1) SATOP</li> </ol> </li> </ul>

**GPRA, cont.**

- 2) General Population CSTAR
- 3) Adolescent CSTAR
- 4) DOC Outpatient programs
- 5) Compulsive Gambling programs
- 6) Opioid CSTAR
- 7) General Treatment
- 8) Women and Children's CSTAR (**NOT** receiving a recovery support voucher)

**GPRA II Intake**

- **Effective December 17, 2007**, the GPRA II will be located *above* the Episode of Care in CIMOR.
- A GPRA II Intake is required to be completed prior to any other activity (program assignment, voucher creation) **EXCEPT Detox or a Collateral Dependent**.
- The window for the Intake GPRA interview is:
  - 1) One (1) to three (3) days after entering a residential program
  - 2) One (1) to four (4) days after entering all other programs
- GPRA II Intake follows the client from program to program.
- CIMOR will not allow an Intake, Discharge, or Follow-up GPRA to be completed prematurely or at the wrong time.

**GPRA Discharge**

- Not allowed until 60 days of no service activity in CIMOR.
- After 90 days of no service activity, the discharge GPRA will be added automatically and close any open ATR voucher(s) and program.
- Discharge GPRA can be added only if the consumer has no open ATR programs or vouchers.

**GPRA Follow-Up**

- Follow-up is due six (6) months from the date of the Intake GPRA II.
- Follow-up is valid and allowed to be entered in CIMOR during the 5-8 month window **from the latest Intake GPRA, regardless of GPRA discharge**.
- During the window, CIMOR *may* display a message alerting the user that the time period for administration of the GPRA Follow-Up is open. The CIMOR system will not allow multiple follow-ups to be completed. The **CIMOR system will NOT allow any level changes or voucher creation in ATR programs if the follow-up window is open.**

	<ul style="list-style-type: none"> <li>The GPRA Intake follows the client from program to program; therefore, the Follow-Up GPRA <i>may</i> be completed by the program at which the consumer is currently enrolled regardless of where the Intake GPRA was completed.</li> </ul> <p><b><u>Telephone Follow-Up</u></b></p> <p>The Center for Substance Abuse Treatment <b>has approved telephone follow-up</b> according to the following criteria:</p> <ul style="list-style-type: none"> <li>In situations where face-to-face interviews cannot be conducted, providers can conduct telephone interviews instead. CSAT does not encourage grantees to use phone interviews before they attempt the face-to-face interview. The protocol for conducting telephone follow-up interviews was shared with provider staff during the GPRA II training sessions. If you do not have copies of this information, please contact Mark Shields, ATR Project Director. <b>The information will also be posted the Division’s Web site at:</b>  <a href="http://www.dmh.mo.gov/ada/ATR/GPRAII.htm">http://www.dmh.mo.gov/ada/ATR/GPRAII.htm</a></li> </ul>
<b>SECURITY ROLES – GPRA II</b>	<p><b><u>Changes in Security Access for GPRA II</u></b></p> <p>Provider staff will need to request the following in order to access GPRA II in CMOR:</p> <ul style="list-style-type: none"> <li>“GPRA II Update-ADA Only” in order to Add or Edit a GPRA II <b>(this role includes view capability)</b></li> <li>“GPRA II View-ADA Only” in order see the GPRA II list and/or view a GPRA II</li> </ul> <p><b>Use the Access Request Application to request the new security roles.</b></p>
<b>REIMBURSEMENT FOR GPRA</b>	<p>Reimbursement rates for administration of the GPRA and tracking of consumers are as follows:</p> <ul style="list-style-type: none"> <li><b>Intake</b> – Outcome Measurement /Admission, One (1) Unit at \$12.94/unit (Code H0002)</li> <li><b>Follow-up</b> – Outcome Measurement /Six-Month Follow-Up, One (1) Unit at \$40/unit (Code H0002 TS 59)</li> <li><b>Outcome Measurement/Participant Stipend</b> – \$10 per client (Code 15013)</li> <li><b>Outcome Measurement/Consumer Tracking</b> –One Unit at \$5/unit intended for contacting clients or collateral contacts to verify and update contact information necessary to obtain the 6-month Follow-Up GPRA (see contract language for full details).</li> <li><b>Discharge</b> – Outcome Measurement/Discharge, One (1) Unit at \$12.94/unit (Code H0002SE)</li> </ul> <p><b><u>Follow-Up GPRA</u></b></p> <p>The Division is exploring options for an end of fiscal year bonus for providers that achieve the 80% or better expectation for the Follow-Up GPRA. The 80%</p>

	<p>compliance rate is based on the <b>number of consumers for which a provider completes the Intake GPRA</b>. An <u>end of grant</u> bonus is awarded to all states that achieve the 80% compliance rate.</p>
RECOVERY SUPPORT SERVICES	<p><b><u>Providers and Array of Services</u></b></p> <p>Faith-based and community-based organizations must be credentialed by Committed Caring Faith Communities and receive a contract from the Division of Alcohol and Drug Abuse prior to being enrolled as a recovery support provider under ATR II.</p> <p>Organizations that provided recovery support services as part of the original ATR grant <b>are NOT</b> automatically enrolled as a provider in ATR II. They must go through the credentialing process prior to providing services.</p> <p>There have been changes to the array of recovery support services, primarily the addition of Individual or Group for a number of the services. In addition, there are limits on services that can be provided during Level 1 clinical treatment. A complete description of the recovery support service structure can be found at : <a href="http://www.dmh.mo.gov/ada/ATR/ATRII.htm">http://www.dmh.mo.gov/ada/ATR/ATRII.htm</a></p> <p><b><u>Package Limits</u></b></p> <ul style="list-style-type: none"> <li>• The authorization for recovery support services is <b>\$500 per client, per treatment episode</b>. Utilization Review is NOT available for recovery support services.</li> <li>• The authorization for Extended Residential Support is <b>\$400 per client</b>, per treatment episode and cannot be extended through Utilization Review.</li> <li>• The Division will limit the amount of recovery support vouchers that can be issued per quarter for providers that issue recovery support vouchers (currently applies to PR+ providers and Recovery Support Access Sites). The Division will notify providers of their recovery support voucher allocation and provide management tools through the CIMOR system.</li> </ul> <p><b><u>Recovery Support Vouchers and Billing</u></b></p> <ul style="list-style-type: none"> <li>• ALL RS services <b><u>must be billed within 60 days of the voucher issue date</u></b>. "Remaining days to bill" for RS services resets to 60 days from the date on which the last recovery support service(s) was billed.</li> <li>• Recovery support voucher "to dates" will be automatically populated in CIMOR to not exceed the end of the quarter in which the voucher was issued. <i>(For example, recovery support vouchers issued on April 1, 2008 will automatically populate with a "to date" of June 30, 2008).</i> Recovery support vouchers may be future dated a maximum of 14 days by the user. This will allow a two week period prior to the beginning of the next quarter to reissue RS vouchers for the following quarter.</li> </ul>

**RECOVERY SUPPORT SERVICES,  
cont.**

- In order to monitor and control spending of the ATR funds allocated for **recovery support services**, all organizations issuing recovery support vouchers will have a limit on the amount of RS vouchers they can issue **per quarter, beginning April 1, 2008.**
  - PR+ and EPR+ programs will be limited to \$10,000 for RS vouchers per contract, per quarter.
  - Providers that have multiple PR+ or EPR+ contacts will receive an allocation of \$10,000 per contact.
  - Each Recovery Support Access site will have an allocation of \$62,000 per quarter.